

DEPARTMENT OF MINES AND MINERALS  
DIVISION OF OIL AND GAS  
P. O. BOX 2244  
FRANKFORT, KY 40601  
Phone (502) 573-0147



**TEMPORARY ABANDONMENT PERMIT**

PERMIT NO. \_\_\_\_\_

OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LEASE (FARM): \_\_\_\_\_ WELL NO. \_\_\_\_\_

LOCATION: \_\_\_\_\_ ☐ FNL ☐ FEL  
\_\_\_\_\_ ☐ FSL ☐ FWL \_\_\_\_\_ SEC. \_\_\_\_\_ LTR. \_\_\_\_\_ NO.

COUNTY: \_\_\_\_\_ TOTAL DEPTH: \_\_\_\_\_

CASING SIZE: \_\_\_\_\_ CASING DEPTH \_\_\_\_\_

CASING CEMENTED WITH \_\_\_\_\_ BAGS OF CEMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

CASING IS SEALED AT TOP BY: \_\_\_\_\_

THE REASON FOR A REQUEST FOR TEMPORARY ABANDONMENT IS:

THE LEASE ON THIS PROPERTY EXPIRES: \_\_\_\_\_

THE AMOUNT OF TIME NEEDED FOR THIS TEMPORARY ABANDONMENT PERMIT: \_\_\_\_\_

I, THE OPERATOR OF THE ABOVE NAMED LEASE, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE ON THIS DATE, AND REQUEST A TEMPORARY ABANDONMENT PERMIT BE APPROVED.

\_\_\_\_\_  
OPERATOR'S SIGNATURE TITLE  
(IF AN INDIVIDUAL) (IF A CORPORATION, THE SIGNEE MUST GIVE A POSITION TITLE.)

THIS TEMPORARY ABANDONMENT PERMIT IS APPROVED AND SHALL EXPIRE: \_\_\_\_\_

\_\_\_\_\_  
INSPECTOR, DIVISION OF OIL AND GAS